

APPLICATION FOR 10-POINT VETERAN PREFERENCE  
(TO BE USED BY VETERANS & RELATIVES OF VETERANS)

PERSON APPLYING FOR PREFERENCE

1. Name (Last, First, Middle)	2. Name and Announcement Number of Civil Service or Postal Service Exam You Have Applied For or Position Which You Currently Occupy	
3. Home Address (Street Number, City, State and ZIP Code)	4. Social Security Number	5. Date Exam was Held or Application Submitted

VETERAN INFORMATION (TO BE PROVIDED BY PERSON APPLYING FOR PREFERENCE)

6. Veteran's Name (Last, First, Middle) Exactly As It Appears on Service Records			
7. Veteran's Periods of Service		8. Veteran's Social Security Number	
Branch of Service	From	To	Service Number
			9. VA Claim Number, If Any

TYPE OF 10-POINT PREFERENCE CLAIMED

INSTRUCTIONS: Check the block which indicates the type of preference you are claiming. Answer all questions associated with that block. The "DOCUMENTATION REQUIRED" column refers you to the back of this form for the documents you must submit to support your application. [PLEASE NOTE: Eligibility for veterans' preference is governed by 5 U.S.C. § 2108, 5 CFR Part 211, and FPM chapter 211. **All conditions are not fully described in this form because of space restrictions.** The office to which you apply can provide additional information. Instructions on how to apply for five point preference are on SF 171, Personal Qualifications Statement, or PS Form 2591, Application for Employment (U.S. Postal Service Application).] **DOCUMENTATION REQUIRED (See reverse of this form.)**

<input type="checkbox"/> 10. VETERAN'S CLAIM FOR PREFERENCE based on non-compensable service-connected disability; award of the Purple Heart; or receipt of disability pension under public laws administered by the VA.	.....	A and B
<input type="checkbox"/> 11. VETERAN'S CLAIM FOR PREFERENCE based on eligibility for or receipt of compensation from the VA or disability retirement from a Service Department for a service-connected disability.	.....	A and C
<input type="checkbox"/> 12. PREFERENCE FOR SPOUSE of a living veteran based on the fact that the veteran, because of a service-connected disability, has been unable to qualify for a Federal or D.C. Government job, or any other position along the lines of his/her usual occupation. (If your answer to item "a" is "NO", you are ineligible for preference and need not submit this form.)	a. Are you presently married to the veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO	C and H
<input type="checkbox"/> 13. PREFERENCE FOR WIDOW OR WIDOWER of a veteran. (If your answer is "NO" to item "a" or "YES" to item "b", you are ineligible for preference and need not submit this form.)	a. Were you married to the veteran when he or she died? <input type="checkbox"/> YES <input type="checkbox"/> NO b. Have you remarried? (Do not count marriages that were annulled.) <input type="checkbox"/> YES <input type="checkbox"/> NO	A, D, E, and G (Submit G when applicable.)
<input type="checkbox"/> 14. PREFERENCE FOR (NATURAL) MOTHER of a service-connected permanently and totally disabled, or deceased veteran provided you are or were married to the father of the veteran, <i>and</i> —your husband (either the veteran's father or the husband of a remarriage) is totally and permanently disabled, <i>or</i> —you are now widowed, divorced, or separated from the veteran's father and have not remarried, <i>or</i> —you are widowed or divorced from the veteran's father and have remarried, but are now widowed, divorced, or separated from the husband of your remarriage. (If your answer is "NO" to item "c" or "d", you are ineligible for preference and need not submit this form.)	a. Are you married? <input type="checkbox"/> YES <input type="checkbox"/> NO b. Are you separated? If "YES," do not complete "c." Go to "d." <input type="checkbox"/> YES <input type="checkbox"/> NO c. If married now, is your husband totally and permanently disabled? <input type="checkbox"/> YES <input type="checkbox"/> NO d. If the veteran is dead, did he/she die in active service? <input type="checkbox"/> YES <input type="checkbox"/> NO	DISABLED VETERAN: C, F, and H (Submit F when applicable.)  DECEASED VETERAN: A, D, E, and F (Submit F when applicable.)

**PRIVACY ACT STATEMENT**  
The Veterans' Preference Act of 1944 authorizes the collection of this information. The information will be used, along with any accompanying documentation, to determine whether you are entitled to 10-point veterans' preference. This information may be disclosed to: (1) the Veterans' Administration, or the appropriate branch of the Armed Forces to verify your claim; (2) a court, or a Federal, State, or local agency for checking on law violations or for other related authorized purposes; (3) a Federal, State, or local government agency, if you are participating in a special employment assistance program; or (4) other Federal, State, or local government agencies, congressional offices, and international organizations for purposes of employment consideration, e.g., if you are on an Office of Personnel Management list of eligibles.  
Executive Order 9397 authorizes Federal agencies to use the Social Security Number (SSN) to identify individual records in Federal personnel records systems. Your SSN will be used to ensure accurate retention of records pertaining to you and may also be used to identify you to others from whom information about you is sought. Furnishing your SSN and the other information sought is voluntary. However, failure to provide any part of the information may result in a ruling that you are not eligible for 10-point veterans' preference or in delaying the processing of your application for employment.

I certify that all of the statements made in this claim are true, complete, and correct to the best of my knowledge and belief and are made in good faith. [A false answer to any question may be grounds for not employing you, or for dismissing you after you begin work, and may be punishable by fine or imprisonment (U.S. Code, Title 18, Section 1001).]	This Form Must Be Signed By All Persons Claiming 10-Point Preference	
	Signature of Person Claiming Preference	Date Signed (Month, Day, Year)
FOR USE BY APPOINTING OFFICER ONLY		
Signature and Title of Appointing Officer	<input type="checkbox"/> Preference Entitlement Was Verified Name of Agency	Date Signed (Month, Day, Year)